

EXHIBIT D

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NORTH DAKOTA
EASTERN DIVISION

THE RELIGIOUS SISTERS OF
MERCY, *et al.*,

Plaintiffs,

v.

SYLVIA BURWELL, *et al.*,

Defendants

No. 3:16-cv-00386-RRE-ARS

Declaration of Sister Edith Mary
Hart, R.S.M., D.O.

1. My name is Sister Edith Mary Hart. I am over the age of 21 and am capable of making this declaration pursuant to 28 U.S.C. § 1746. I have not been convicted of a felony or crime involving dishonesty. The facts contained herein are within my personal knowledge and medical judgment. If I were called upon to testify to these facts, I could and would competently do so.

2. I am both a licensed physician and a Religious Sister within the Religious Sisters of Mercy ("Sisters of Mercy"), a Catholic order of religious sisters devoted to works of mercy, including offering healthcare to the underserved. I graduated from Oklahoma State University College of Osteopathic Medicine in 2006. I completed my residency in Family Medicine at Sparrow Health

System/Michigan State University in 2010 and my fellowship in Geriatric Medicine from Michigan State University in 2011, and I am board certified in both specialties. I am currently serving at Sacred Heart Mercy Health Care Center in Jackson, Minnesota, where I practice outpatient Family Medicine.

3. I also work in the Emergency Department at Sanford Jackson Medical Center in Jackson, Minnesota, and serve as the Director of the ED and Trauma Services. In addition, I am the medical director of Sanford Hospice and at Good Samaritan Nursing Home in Jackson where I also care for residents. I also serve on the Board of Directors of Divine Mercy Supportive Care in the Archdiocese of Denver. As long as I have offered medical services as a physician, my medical judgment and religious beliefs has been respected by health institutions where I work.

4. As a Sister of Mercy, I have chosen to follow Jesus Christ by taking a lifetime vow to serve the poor and sick by offering care for the whole person, and working to heal those who are suffering from physical, psychological, intellectual, and spiritual woundedness. One aspect of our mission is fulfilled through "comprehensive health care" services, which we understand as "the complete care of the total human person" which "seeks to bring about that profound and extensive healing which is a continuation of the work of redemption." I work to fulfill this mission, in part, by seeking to understand the root causes of issues affecting my

patients, and to address underlying causes directly rather than masking issues through offering ineffective treatments.

5. In every healthcare setting where I serve, I strive to provide top-quality and compassionate care to all of my patients. I also ensure that I provide medical services and advice in accordance with the Ethical and Religious Directives of the United States Conference of Catholic Bishops and my own Catholic faith.

6. Through my work as a physician at the Sacred Heart clinic, I have the opportunity to serve and respect individuals of all faiths and walks of life, including multiple patients of mine who identify as gay or lesbian. I offer medical services to both adults and children, including infants. A significant portion of the patients I serve at the Sacred Heart clinic are also poor, disabled, and elderly Medicare and Medicaid patients. The clinics further the Sisters' mission to care for the elderly and the poor by serving Medicare and Medicaid patients and also provide low-cost or free care to the uninsured. If the Sacred Heart clinic lost this HHS funding, we would suffer a crippling blow in our capacity to carry out our religious mission to serve the poor, disabled, and elderly.

7. I hold religious beliefs about the nature and purposes of human sexuality. I believe that every man and woman is created in the image and likeness of God, and that they reflect God's image in unique—and uniquely dignified—ways.

8. Further, in my professional medical judgment, I believe that optimal patient care—including patient education, diagnosis, and treatment—requires taking account of the biological differences between men and women.

9. In my best medical judgment, providing or assisting with gender transition services is not in keeping with the best interests of patients, and in fact is experimental and could be harmful for patients.

10. As part of my normal medical practice, I sometimes prescribe hormones to patients with medical issues, such as a woman going through menopause with insufficient estrogen. If I were asked to prescribe hormones to individuals for a gender transition purpose, such as prescribing estrogen to a male, I would not be able to do so in light of my medical judgment and religious beliefs.

11. As part of my normal medical practice, I sometimes counsel patients with mental health issues, including children or youth who suffer from anxiety or depression. I explore with these patients alternatives to alleviate their mental distress, and sometimes I prescribe medication to address issues such as anxiety. If I were asked to explore the possibility of a gender transition with a patient as a viable alternative to alleviate mental distress, or to affirm a non-binary view of gender, I would not be able to do so in light of my medical judgment and religious beliefs.

12. I would also not be able to refer to patients with transgender pronouns or names if they requested that I do so. I believe that using transgender pronouns

would simply aggravate an issue of identity and self-perception, and further mask a deeper underlying issue. In my medical judgment, this would not be doing a service to my patients. Being forced to use transgender pronouns and names would also violate my religious beliefs.

13. Providing services that are contrary to my understanding of God's plan for human sexuality would also violate my religious beliefs.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 16, 2016.



Sister Edith Mary Hart, R.S.M., D.O.